

[Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

Re: Acknowledgment of Auto Collision Claim

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Incident]

Dear [Policyholder Name],

We have received your auto collision claim regarding the incident involving your [Year, Make, Model of Vehicle]. This letter is to confirm that we have officially opened a claim file and are beginning our investigation.

Your claim has been assigned to a claims representative. Their contact information is provided below:

Adjuster Name: [Adjuster Name]
Phone: [Adjuster Phone]
Email: [Adjuster Email]

Next Steps:

- A claims adjuster will contact you within [Number] business days to discuss the details of the accident.
- We may request additional documentation, such as police reports or photos of the damage.
- We will provide instructions regarding a vehicle inspection and repair estimates.

Please reference your claim number, **[Claim Number]**, in all future communications. You can also track the status of your claim through our website at [Website URL].

If you have any immediate questions, please feel free to contact us.

Sincerely,

[Sender Name/Signature]

[Title]

[Company Name]